

HSRC review

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review



Human Sciences Research Council

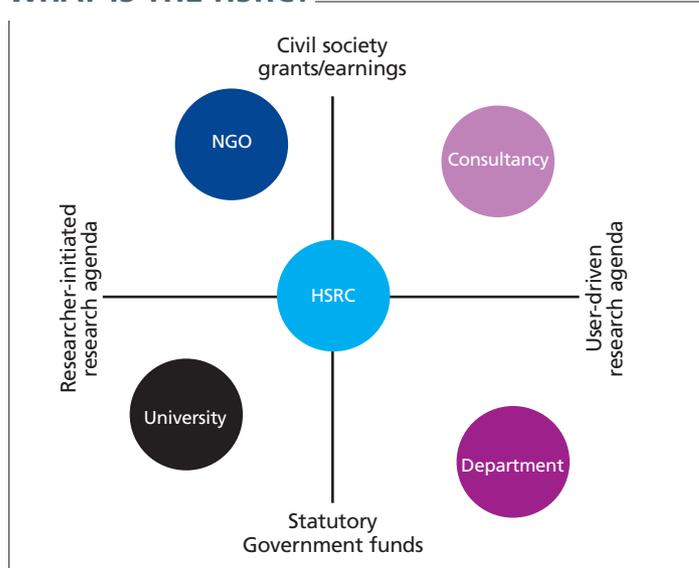
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ELECTION FORECASTS **VS** THE REALITY



WHAT IS THE HSRC?



What is the HSRC? The organisation's statutory mandate spells out what it is meant to *do*, as elaborated in the shaded blurb below. But what the HSRC *is*, in order to discharge this mandate, is debated vigorously among researchers, the Executive Directors of our ten programmes, and also members of our governing Council.

I devised the diagram above, which temporarily replaces my portrait, for the recent five-yearly review of the HSRC. The diagram approaches an answer by clarifying what we are not: not a university, NGO, professional consultancy, nor government department. It differentiates these institutions along two dimensions: by the kinds of funds they mainly receive (from the state vs private sources like foundations or commercial clients); and by the usual genesis of their research questions (driven by researchers' interests vs the users' needs). Universities are largely state-funded, which enables their researchers to

focus mainly on questions of their own interest. This places them in the bottom-left quadrant. Consultancies may do quite substantial research; but almost always driven by the questions posed by their clients, who pay for the work. This places them in the opposite, top-right quadrant. Tending towards the top-left are NGOs, often specialising in particular issues. They may generate many of their own research concerns, for which they seek donor support. In the bottom-right are the information or planning sections of government departments, funded to research the implementation of official policies.

The strength of our revived HSRC is that it is insistently hybrid. It partakes of all these identities, while coinciding with none. Some of our two hundred and fifty concurrent projects may "tug" some researchers into one quadrant for a while, but other researchers (or the same researchers at other times) will be tugged into other quadrants.

Thus we may, like a university, ourselves decide to do mathematical modelling of internal migration, and fund it from our Parliamentary grant; like an NGO, seek funds from an international development agency to ponder gender issues in society; like a consultancy, be commissioned by the Education Labour Relations Council to measure and analyse the impact of HIV/AIDS and other health factors on the sector; and, like a government department, be funded to examine technology transfer for poverty reduction.

The key benefit, to our users, is that there are few public-sector issues to which we cannot promptly respond with policy-relevant research – often in collaboration with the organisations in the four quadrants.

This hybrid identity is reflected in important aspects of the HSRC's composition. Our staff's higher-degree profile and journal publication rate now match those of good universities; but more of our funds now derive from earnings (from foundations, development agencies and public tenders) than from our Parliamentary grant.

So, while the HSRC does not exist *in order to* tackle and debate profound social-scientific problems, we often do just that, in order to help our users solve pressing development challenges. And who could hope for a more interesting and worthwhile job than that?

WHO WE ARE

The Human Sciences Research Council (HSRC) is South Africa's statutory research agency dedicated to the social sciences. It has approximately 150 researchers and 100 support staff. Its revenue comes in equal shares from a Parliamentary grant, and from earnings (tenders, commissions and foundation grants).

CONTACT US AT

Pretoria
Tel: +27 12 302 2999
Fax: +27 12 326 5362

Port Elizabeth
Tel: +27 41 581 7825
Fax: +27 41 481 7826

Cape Town
Tel: +27 21 467 4420
Fax: +27 21 467 4424

Durban
Tel: +27 31 273 1400
Fax: +27 31 273 1403

Bloemfontein
Tel: +27 51 430 0138
Tel: +27 51 448 5500

WEBSITE: www.hsrc.ac.za

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WHAT WE DO

The HSRC does 'social science research that makes a difference', concerned with all aspects of development and poverty alleviation in South Africa, the region, and in Africa. It undertakes large-scale, policy-relevant, collaborative research primarily for government departments at national, regional and local levels, for other public entities, and for local and international development agencies.

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CORRESPONDENCE

Ina van der Linde
Corporate Communications
Private Bag X41
e-Mail: media@hsrc.ac.za
Fax: +27 12 302 2208

View an electronic version on www.hsrc.ac.za



DR JOHN MAFUNISA has been appointed as Chief Research Specialist in the Democracy and Governance (D&G) Research Programme. Before joining the HSRC he worked as a Senior Lecturer to undergraduate and post-graduate students at the University of Pretoria. He also trained public managers from several municipalities, provinces and SADC countries.



MS MARGUERITE SCHNEIDER has been appointed as Chief Research Manager in the Child, Youth and Family Development (CYFD) Research Programme. Before joining the HSRC she worked as a Technical Officer at the World Health Organisation (WHO), Geneva, Switzerland, involved in managing and providing technical support for the World Health Survey in 18 African countries, and developing the International Classification of Functioning, Disability and Health (ICF).



MS HEIDI VAN ROOYEN has been appointed as a Research Manager in the Child, Youth and Family Development (CYFD) Research Programme and acts as Project Director for the community-based voluntary counselling and testing (CBVCT) research team. Before joining the HSRC, she was a research co-ordinator and lecturer at the School of Psychology, University of Natal (Pietermaritzburg).



DR CHERRYL WALKER has been appointed as Chief Research Specialist in the Integrated Rural and Regional Development (IRRD) Research Programme. Before joining the HSRC, she worked as an independent researcher and consultant on agrarian and land reform issues. She also served on the Commission on Restitution of Land Rights as Regional Land Claims Commissioner for KwaZulu-Natal.



DR JEFF ZINGEL has been appointed as Senior Research Manager in the Democracy and Governance (D&G) Research Programme. Before joining the HSRC, he worked as a research and development/economic

development specialist at the Independent Development Trust (IDT), concentrating on local economic development (LED) within the national Integrated Sustainable Rural Development Strategy. He also designed and managed national rural development programmes for the European Union, and major national poverty relief and infrastructure backlog programmes.

CURRICULUM OPTIONS FOR THE FURTHER EDUCATION AND TRAINING SECTOR

The HSRC invited Professor Michael Young from the Institute of Education, University of London, to work with Ms Jeanne Gamble, Chief Research Specialist in the Research Programme on Human Resources Development (HRD), to analyse the different curriculum options that might be developed for the further education and training (FET) sector.

The project, which drew on previous international and South African research, aimed to stimulate relevant discussion and provide tools and concepts for analysing curriculum alternatives. The project commissioned papers by South African specialists, culminating in a colloquium on 21 April 2004.

Young presented a paper entitled '*Issues in the Reform of the Further Education and Training Curriculum: An International Perspective*' and Gamble presented a paper entitled '*A knowledge perspective on the vocational curriculum*'.

The following issues facing FET policy-makers were discussed:

- The need of FET colleges for greater autonomy and independence to respond effectively to local needs.
- The degree to which national policy views FET schools both as separate from FET colleges and as part of a broader provision of FET.
- The future role of Sector Education and Training Authorities and the industrial levy and the extent to which, through learnerships, they should become major funders (and therefore shapers) of the FET college curriculum.
- The future of the National Education Department (NATED) programmes, funded by the Department of Education, which still lie at the core of FET college provision.
- The future of the National Qualifications Framework and the recent proposals for FET certificates (schools), which are currently out for consultation.
- Recently published research by the HSRC that has emphasised the importance of intermediate (technician) qualifications, which must follow rather than be an alternative to general education.

Both papers are available from cjdekock@hsrc.ac.za.

NEW JOURNAL TO COVER RESEARCH ON SOCIAL ASPECTS OF HIV/AIDS

A new peer-reviewed journal covering the social aspects of HIV/AIDS was launched at the second African Conference on the Social Aspects of HIV/AIDS. The conference was held in Cape Town from 9–12 May. The Journal of Social Aspects of HIV/AIDS Research Alliance (SAHARA J), published by the HSRC in collaboration with the South African Medical Association, will serve as a communication medium for the Social Aspects of HIV/AIDS Research Alliance in sub-Saharan Africa.

The journal contains contributions in English and French on all aspects of the epidemic, including care, support, behaviour changes, counselling, impact, mitigation and prevention. It covers subjects such as treatment, adherence, culture, faith-based approaches, evidence-based intervention, health communication, structural and environmental intervention, the financing of HIV/AIDS, and policy.

Professor Karl Peltzer, editor of the journal, said social and behavioural patterns contribute more to the spread (or prevention) of an epidemic than the availability of medical treatment. 'Currently no cure or vaccine for HIV/AIDS is available and access to affordable anti-retrovirals is still not available to the wider public,' he said. 'Therefore, social and behavioural interventions become a key option to prevent and control the further spread of HIV/AIDS.'

By understanding the role that various psycho-social, cultural and religious factors play in the transmission of HIV infection in communities, possible strategies and options for prevention programmes can be developed.'

The journal is available in printed and electronic formats at www.sahara.org.za.



AFRICAN GENOMICS CALLS FOR CONCERTED EFFORT

The second annual Africa Genome Initiative conference on 'The Future Health of Africa', that took place in March in Cairo, had delegates from around the world exchanging views until the early hours of each morning. And the debate did not end with the conference. Delegates have pooled their ideas and recommendations for the future of genomics in Africa into a 'Cairo Declaration'.

The 218 delegates who gathered at the historic Mena House at the foot of the Giza pyramids included 183 from Africa, 22 from Europe and 13 from the United States.

The wide variety of ideas from the conference is being synthesised into a declaration that will begin to chart a common approach for an excavation of the genomic revolution to benefit the peoples of Africa.

One delegate questioned whether African countries are 'legally prepared to deal with what is hitting them now and in the future' and suggested a survey to map the continent's state of preparedness. Another suggestion was that African genomic specialists must consider whether their institutions are being used by the pharmaceutical sector as 'transmission belts' for sectoral or corporate interests.

Other recommendations and suggestions included:

GREATER UNDERSTANDING AND COMMUNICATION

- ▶ The awareness and understanding of genomics and its applications in Africa must be improved.
- ▶ Genomic information needs to be disseminated more effectively.
- ▶ A communication network must be established between African countries and their scientists.
- ▶ A system needs to be established to facilitate publication of the results of co-operative African projects.

CO-OPERATION

- ▶ Bilateral agreements between African countries need to be revised and revitalised.
- ▶ Multidisciplinary projects need to be encouraged and supported.

SUPPORT

- ▶ Capacity-building is required to support bioinformatics.
- ▶ Financial support should be sought for established, co-operative African projects.
- ▶ A training programme needs to be developed to link scientists, educators and media specialists.
- ▶ A system should be developed that supports and rewards African genomic scientists.

The proposed title for next year's conference, which will take place in Nairobi, Kenya, is 'Vaccines and Drugs for Livestock and Human Diseases'.



World-renowned Fatima Alvarez, Professor of Social Science and Director of the Human Genomic Diversity and Disease Research Unit at Wits, and Professor Marta Lahr, Director of the Duckworth Laboratory at the University of Cambridge argue good-naturedly about who performs the most worthwhile science.

EASING THE TENSION BETWEEN LAND RESTITUTION AND CONSERVATION

The HSRC and the South African office of the World Conservation Union (IUCN) are launching a joint research programme to examine how the constitutional commitment to the restitution of land rights of historically dispossessed communities can be justly and effectively integrated with commitments to the conservation of protected areas.

Through in-depth research on the relevant socio-economic, legal and environmental issues involved, along with engagement with key policy-makers and stakeholders, this programme aims to deepen the understanding of the challenges and opportunities, contribute to the development of policy and 'best practice', and support capacity-building within claimant communities. The programme should run over three years with an initial focus on South Africa, but could expand into a wider regional and international comparative context.

To this end, a memorandum of understanding has been signed between the two institutions and fund-raising is in progress for the first joint project in the greater St Lucia wetland area of KwaZulu-Natal. The agreement is expected to bring together the research capacity of the HSRC and the advocacy and capacity-building strengths of the IUCN.

The HSRC's Dr Cheryl Walker, Chief Research Specialist for Integrated Rural and Regional Development, and Mr Saliem Fakir, Country Co-ordinator for the IUCN, are leading the initiative.

NEW BODY TO FOCUS ON GENDER AND HIV/AIDS

A new institute with an aim of strengthening the connections between practice, policy and research in HIV/AIDS in Africa, will hold its first meeting in Pretoria in June.

Dr Olive Shisana, Executive Director of the Social Aspects of HIV/AIDS and Health (SAHA) Research Programme, forms part of the team and will help to bring about the International Partnership

against HIV/AIDS in Africa (IPAA).

This institute is co-developed by the Commonwealth Secretariat and the Atlantic Centre of Excellence for Women's Health, Dalhousie University, Canada.

According to Shisana, the institute intends to bring 'a specific focus on gender and HIV/AIDS that will help to establish an evidence base which will translate research into useable policy and practice initiatives. This is one of the major hopes for confronting HIV/AIDS in this region.'

CRISIS IN SOUTHERN AFRICA NO LONGER JUST ABOUT **FOOD**

By Scott Drimie



IN 1992, Southern Africa experienced a food crisis, the result of widespread drought. A decade later, a similar crisis has brought many in the region to unparalleled levels of hardship. But this time the hardship is not just about lack of food. The term for this new phenomenon is ‘entangling crises’, or a series of related hardships that requires robust and creative thinking about relief, rehabilitation, livelihood and development.

The key difference between 1992 and 2002 is that the latter crisis can be attributed to a number of factors, among them structural imbalance, governance, economic and social decline, HIV/AIDS and, to a lesser extent, drought. This produced a substantial emergency response but also drew attention to the overall plight of Southern Africa, where poverty and food insecurity are on the increase, compounded by a worsening HIV/AIDS situation.

A number of reviews and reports have attempted to shed light on this complex mix of factors and to gauge appropriate policy responses. For instance, Oxfam-GB has embarked upon a process to better understand the underlying causes of the regional humanitarian crisis and how to mitigate its recurrence.

This report made it clear that increasing numbers of households are now less able to cope with even relatively small crop losses and food price increases. Unless the underlying causes of such long-term threats are addressed, more frequent and severe humanitarian crises in

Increasing numbers of households are now less able to cope with even relatively small crop losses and food price increases

Southern Africa will be inevitable. This challenge requires immediate relief as well as long-term development to reduce conditions of political, socio-economic and environmental vulnerability that leave the region open to even relatively modest external threats such as an unexceptional drought.

Standard practice focuses on social and economic development, punctuated by occasional emergencies that require short-term relief until people get back on track. The advent of AIDS in particular has steadily eroded the livelihood base of millions of people.

This raises an imperative for aid agencies to seriously consider their medium- and long-term assistance priorities, beyond fragmented development support such as food donations. For example, disaster reduction should be factored into relief and rehabilitation operations.

In crisis situations across the world, the usual response has been for aid agencies to bring in emergency relief along with new implementing teams, largely as a separate process to existing long-term development projects. Calls for better integration between these processes have a long history in development literature.

Oxfam suggests simultaneously implementing relief and development programmes in an integrated fashion, with the understanding that humanitarian aid will be necessary in an emergency. Part of this challenge will be the reluctance of donors and aid agencies to continue relief strategies over extended periods of time.

In this context, aid agencies responding to the crisis should adopt a fast-track recovery combined with longer-term development. For instance, rather than limiting relief to the delivery of seeds and tools, aid agencies could provide treadle pumps and support for training in small-scale irrigation, along with a credit package for irrigation clubs.

This type of approach has been summed up by the UN to recognise, assess and respond to the immediate humanitarian needs (such as food, water, healthcare or education) caused by the entangling crisis, while simultaneously planning programmes to restore government, community and household capacity.

Active partnerships with a broad range of aid organisations should be established so that relevant expertise and support are secure and sustainable. If these types of interventions were successful, government partners would have realistic examples from which to learn for their own interventions and be encouraged to recognise their obligations to their citizens. •

Dr Scott Drimie is a Senior Research Specialist in the Integrated Rural and Regional Development (IRRDR) Research Programme of the HSRC. His report, 'The Underlying Causes of the Food Crisis in the Southern African Region: Malawi, Mozambique, Zambia and Zimbabwe', will be published by Oxfam-GB in the next few months. For a copy of the report, e-mail sdrimie@hsrc.ac.za.

By
Matthews Makgamatha,
Nicolaas Claassen
and Xola Mati

GRADE 3

IMPROVEMENT PROGRAMME SHOWS RESULTS

An intensive education improvement programme has started bearing fruit after its second year of operation, according to the results of numeracy and literacy tests administered last year to about 14 000 Grade 3 learners from 461 participating schools.

The District Development Support Programme (DDSP) is an education improvement initiative of the South African Government funded by the United States Agency for International Development. The programme is conducted in collaboration with the Department of Education and the provincial departments of education in the Eastern Cape, KwaZulu-Natal, Northern Cape and Northern Province.

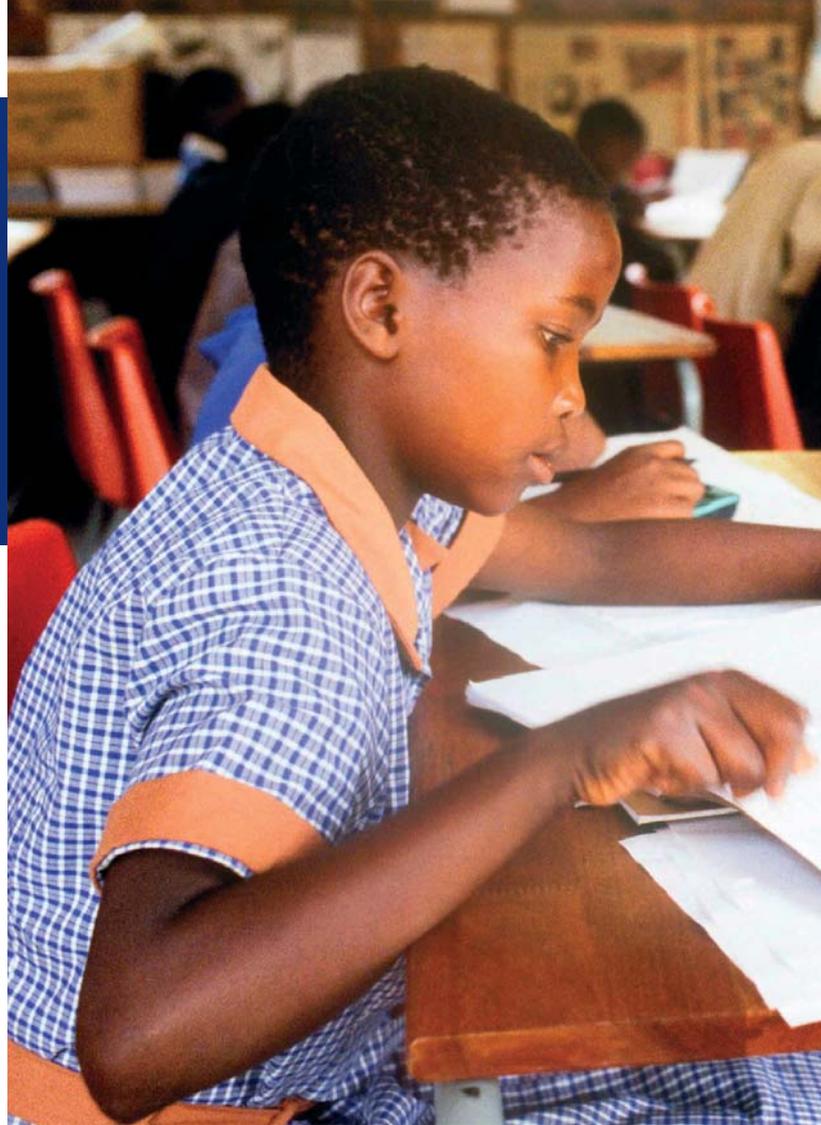
The DDSP focuses on the quality of teaching and learning, school management and governance, and the support services provided to schools. One particular focus of intervention is the Foundation Phase, which ends in Grade 3.

The first test was administered in October 2000, before the DDSP was introduced to the target schools in 2001. Grade 3 learners in those schools were then tested in October 2001 and 2002. The goal was to test the effect of the programme on learner performance in numeracy and literacy. Appropriate testing instruments were developed to measure the learners' grasp of certain skills as they are stated in curriculum documents for Grade 3.

The instruments were administered to random samples of learners from the 461 schools. About 14 000 learners were tested each year.

There was very little, if any, change in Grade 3 performance from 2000 to 2001, but in 2002 the numeracy score increased by 12 percentage points and the literacy score increased by 5 percentage points.

In 2000, learners obtained an average success rate of 26 percentage points in numeracy and 53 percentage points in literacy. The literacy tasks may perhaps more aptly be referred to as reading tasks. The significantly higher scores in the reading tasks may partly be attributed to the fact that all the tasks were of a multiple-choice type, resulting



In 2002 the numeracy score increased by 12 percentage points and the literacy score increased by 5 percentage points

in learners probably getting a number of answers correct by chance.

In the case of numeracy, there was a significant improvement (of about 1 percentage point) in 2001 and again (of about 10 percentage points) in 2002. For literacy, there was a significant decrease (of about 2.3 percentage points) in 2001 and a significant increase (of about 7 percentage points) in 2002.

Girls outperformed boys each year in both numeracy and literacy. In numeracy, girls outperformed boys by 2 percentage points in 2000 and 2001, and by 4 percentage points in 2002. In literacy, they outperformed boys by 6 percentage points in each of the three years. This is a large difference and there is no indication that it may be shrinking.

It is generally found that girls mature faster than boys (emotionally and socially) during the Foundation Phase and it may be that they also naturally progress faster in schoolwork. On the other hand, it is possible that learning conditions at schools favour girls over boys.

As for the general scores, based on comparisons of the test results of 2000, 2001 and 2002, it is clear that small changes occurred



Repeated testing of proficiency in numeracy and literacy at the end of the Foundation Phase helps to identify the nature and extent of changes in learner performance

between 2000 and 2001, and large improvements in performance occurred in 2002. These improvements may have resulted from any one or more of a number of factors:

- ▶ The support from the districts could have improved educational practice.
- ▶ School support officers could have focused their efforts more directly on Grade 3.
- ▶ Service providers were probably better established in 2002 and would consequently be more effective than before.
- ▶ It could have taken a year or more for the training of educators and new teaching materials to take effect in the schools.
- ▶ Some additional programmes that were introduced only in 2002 could have had an exceptional effect on learner attainment.
- ▶ The feedback session in January 2002 could have helped to motivate service providers and educators to make a difference.
- ▶ The nature of the questions in the tests may have become known, resulting in some 'teaching to the test'. However, this need not be a bad thing if the desired outcomes are achieved. It is unlikely that this kind of teaching had an adverse effect in the form of rote learning, as performance increases were observed on all questions.
- ▶ The material provided by some of the service providers could have clarified the curriculum objectives in a meaningful way for educators, empowering them to teach more effectively.
- ▶ Educators could have become more comfortable with teaching in the new curriculum framework and could have translated

curriculum goals into effective classroom practice on their own.

- ▶ Educators could have motivated learners much better to do well in the tests in 2002 because the educators realised that much was at stake regarding continued support of the kind provided by the DDSP.
- ▶ The implementation of the minimum school admission age of seven years could have reduced the number of educationally less mature students in 2002.

The influence of these and other factors on achievement needs to be clarified before firm conclusions regarding the efficacy of the programme can be reached. Nevertheless, at a minimum it may be said that a number of outcomes improved in 2002.

One of the ways the DDSP aims to improve educational delivery is through the national Assessment Modelling Initiative (AMI). The fundamental purpose of the AMI is to develop and pilot an assessment model that can be used nationally.

The AMI involves the development of Assessment Resource Banks, which translate curriculum goals into a series of tasks to be tackled by learners in the Foundation Phase. Performance in these tasks provides feedback to both educator and learner. Repeated testing of proficiency in numeracy and literacy at the end of the Foundation Phase helps to identify the nature and extent of changes in learner performance.

The tests themselves were developed with the help of the Joint Education Trust. The numeracy test is a paper-and-pencil test with free response questions (not multiple choice) about counting and ordering, addition, subtraction and multiplication. The literacy/reading test was adapted from the International Association for the Evaluation of Educational Achievement Survey conducted in 27 countries. It is also a paper-and-pencil test but all the items are multiple choice. The learners were assessed on core reading competencies such as recognition of frequently used words, sentence completion and comprehension of short fiction and non-fiction texts.

These tests were named the Mahlahle Instruments and were translated from English into eight other languages in which the DDSP schools offered instruction. The skills required for performing well in the Mahlahle Instruments form an important part of the skills required by the curriculum, and scores obtained in the Mahlahle Instruments do indicate how well those parts of the curriculum have been mastered.

As the support given to districts by the DDSP did make a difference to learners, this kind of support should be continued. •

Mr Matthews Makgamatha is a Senior Researcher, Dr Nicolaas Claassen a Chief Research Specialist and Mr Xola Mati a Research Specialist, all in the HSRC's Assessment, Training and Education Evaluation (ATEE) Research Programme.



COMPARING ELECTION PROJECTIONS WITH THE REAL THING

By Stephen Rule, Mark Orkin,
Khangalani Zuma and Udesh Pillay

The 2004 election has come and gone. Four hundred new or returning MPs have taken their seats in the National Assembly for the next five years. The main feature of the political composition of parliament remains unchanged, with the ruling African National Congress (ANC) increasing its numerical dominance from 266 to 279 seats.

Much of the media focus was on the demise of the New National Party (NNP) as its supporters deserted en masse for the Democratic Alliance (DA), the ANC and the infant Independent Democrats (ID).

One surprise was the relatively high ultimate turnout of 15.9 million voters, almost 77% of the 20.7 million registered voters. Nevertheless, this comprises less than 60% of adult South Africans who are eligible to register and vote, a proportion which – by our third election – starts to close on that in the longer established democracies.

A concern for future turn-out was the disappointingly low proportion of eligible newcomers to the franchise, i.e. the 18- to 19-year-old bracket, who registered in preparation to vote: less than a third.

One of the earliest public projections of the outcome of the election

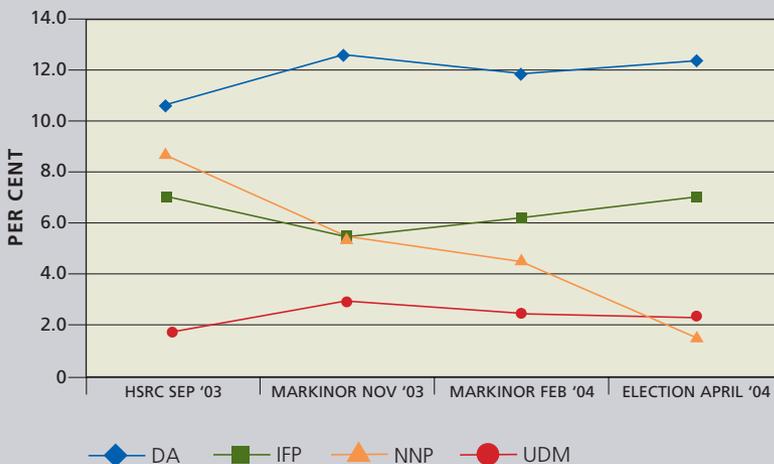
was that made by the HSRC in November 2003, on the basis of its South African Social Attitudes Survey (SASAS), for which the field-work was done in September–October. Despite the considerable seven months' lead time, the main predictions were not far off the mark.

Using discriminant analysis to predict the voting behaviour of survey respondents who did not declare their intentions, the HSRC made a forecast that the ANC would win 67.8% of votes cast, followed at some distance by the DA with 10.5%. The ultimate figures were 69.7% and 12.3%.

This statistical technique used the biographical characteristics of SASAS respondents who indicated the party for which they intended to vote, to impute the probable votes of the one-third (33%) of SASAS respondents who chose not to reveal their voting intentions. The proportion of these 'undeclareds' was only 28% amongst black Africans, but was much higher for the other groups: coloured 45%, white 50%, Indian 60%.

The chief variations between the HSRC's imputed predictions and the final results arose from the late and rapid shift of allegiance away from the NNP, in the months of run-up to the election. This downward trajectory of NNP support was itself quite well tracked by successive public opinion surveys following the HSRC's initial reading (8.7%): notably by Markinor in November 2003 (5.5%) and February 2004 (4.5%). Markinor applied similar imputation techniques to yield their results. By the election in April, the NNP ended up with only 1.7% of votes cast. The graph displays the almost linear downward trend of NNP support identified by these successive surveys.

SURVEYS OVER TIME VS ELECTION: MINORITY PARTIES



Apart from the ANC and DA, the other major beneficiary of this trend was the ID, which at 1.7% emerged with significantly more than the HSRC's predicted 0.4%.

The Inkatha Freedom Party won precisely the number of seats predicted by the HSRC, indicative of the power of discriminant analysis in detecting the strongly distinctive rural isiZulu-speaking support base for this party. The African Christian Democratic Party and Freedom Front Plus performed better than their predicted outcomes, but at these low support-levels predictions are expected to be tentative. The table compares the September predictions with the outcome seven months later, in terms of seats.

The HSRC made a forecast that the ANC would win 67.8% of votes cast, followed at some distance by the DA with 10.5%. The ultimate figures were 69.7% and 12.3%

Political party	HSRC prediction from SASAS, September 2003 survey	Actual election result, April 2004
ANC	271	279
DA	42	50
IFP	28	28
NNP	35	7
UDM	7	9
PAC	2	3
AZAPO	2	2
FF+	2	4
ACDP	2	6
ID	2	7
UCDP	2	3
MF	1	2
AEB	1	0
Other	3	0

Stephen Rule, April 2004

VOTER SATISFACTION

The HSRC, in collaboration with Markinor, was commissioned by the Independent Electoral Commission (IEC) to conduct interviews with 14 227 voters emerging from voting stations on 14 April. They made the encouraging finding that more than 98% of voters were satisfied that election procedures had been 'free and fair'. The Independent Electoral Commission was able to announce this at the same time as the finalisation of the election results, less than three days after the closing of voting stations. Further findings from the study will be released shortly.

Queues of voters varied in length between voting stations and at different times of the day during field trips between stations. At schools in Soweto's Pimville and Orlando East, the queues amounted to several hundred before 9:00 a.m. on Election Day. At Johannesburg's Yeoville Recreation Centre more than 800 were waiting to vote at 10:00 a.m. and at least 300 at Bakerton, Springs, at 1:00 p.m.

By mid-afternoon in Leandra, the queue stood at about 80 and there were only a handful by 5:00 p.m. at the Newcastle Farmer's Hall. In contrast, Sesiwabonga High School at Osizweni, KwaZulu-Natal, still had a queue of about 200 waiting patiently in the dark at 7:00 p.m. •

Dr Stephen Rule is Surveys Director in the Surveys, Analyses, Modelling and Mapping (SAMM) Research Programme, and Principal Investigator of SASAS. Dr Mark Orkin is CEO of the HSRC, Mr Khangelani Zuma is a Senior Research Specialist in SAMM and Dr Udesch Pillay is the Executive Director of SAMM.



The challenge: A boy drawing water for drinking from a very polluted source in a community near Ulundi.

RACE TO IMPROVE DELIVERY: CAN PROMISES BE MET?

By David Hemson

The incoming government has announced that service delivery will be the watchword of all departments and has spelt out targets: providing a million jobs, halving the number of people in poverty, delivering water for all by 2008 and sanitation by 2010. With appreciable proportions of the population experiencing unemployment or poverty, these are vital promises; and the question is whether they can be practically realised with existing financial commitments in annual budgets.

In a position paper presented to Treasury,

the progress made in water services and electricity is spelt out as well as the spending commitments needed to make promises come true. This forms part of a dialogue over resource allocation.

The paper, entitled *Beating the Backlog: Meeting Targets and Providing Free Basic Services*, concludes that considerable additional resources have to be dedicated to delivery to beat the backlog. It reveals that, to date, most of that spending has benefited urban and peri-urban households and that rural local authorities are often struggling to provide

basic infrastructure and social services, especially water, sanitation and electricity, to the rural poor.

BACKLOG GROWING

The backlog of people who are not served with water appears to be growing, largely because the population is expanding in areas most difficult to reach.

It appears that a considerable proportion of the 2.146 million additional households recorded between the censuses of 1996 and

2001 are among the poor and are more likely not to be served.

The challenge is one of considerable proportion in the mobilisation of communities, the organisation of systems of delivery and the provision of additional financial resources. The South African population does not stand still and even accelerated delivery does not mean the backlog is being substantially reduced.

In 1994, the apartheid backlog in water delivery was some 12 million people; now despite provision to just short of 9 million the backlog is calculated at 10.6 million at the Reconstruction and Development Programme (RDP) standard of a tap within 200 metres. Differences in statistics often centre around definitions: the 8.8 million who benefited mostly comprise 4.3 million below RDP standards and a smaller proportion of 3.5 million accessing taps at the RDP standard or better.

The backlog for electricity provision has proved equally stubborn, largely because of the cost of new infrastructure. Here the backlog is growing. While it was estimated that 2.75 million households would be without electricity by the end of 2000, the report shows the actual number was 3.65 million.

Over the longer period the size of the country's backlog in electricity rose from 1.80 million to 3.00 million households between 1996 and 2003.

ALL SYSTEMS IN PLACE?

If backlogs are either not being reduced or only slightly reduced, what is the answer?

The RDP put forward a vision of an engaged citizenry working together with a government committed to human development.

It spelt out targets and objectives for the provision of services as the first step towards development. It also carried an argument for the increased provision of resources to make this possible but did not set out the figures. This report calculates just how much more is needed.

It comes at a time when the World Development Report, 2003, makes the following argument: 'To accelerate progress in human development, economic growth is, of course, necessary. But it is not enough. Scaling up will require both a substantial increase in external resources and more effective use of all resources, internal and external. As resources become more productive, the argument for additional resources

In South Africa, the question is not so much of 'scaling up' a process well underway, as of meeting the backlog in services and raising the level of service

becomes more persuasive.'

In South Africa, the question is not so much of 'scaling up' a process well underway, as of meeting the backlog in services and raising the level of service.

At times the delivery system is at fault. Although funds are allocated to provinces on the basis of the poor not served, these are not always spent, such as in Limpopo, for example, where the growth of the backlog has considerably outstripped the provision of new water services so far.

WHAT WILL IT COST?

Although government spending on health, education, welfare and housing has risen from 52.9% to 58.3% of the total budget since 1994, current spending is lagging behind need.

There has to be a turn away from incremental growth of services towards a plan based on careful estimates of the backlog, estimated unit costs of delivery and expenditure set out to meet the backlog.

This will require additional funding and national commitment to ensure that the systems of delivery can undertake the tasks expected to avoid a 'stop-start' syndrome which will backlog delivery.

Sanitation delivery in many provinces is, for example, conducted on the basis of a set number of toilets per village. Most households in the village are not served and have to wait for a future budget. This is both ineffective in cost and health benefits, and causes division.

TWO SCENARIOS

A model was developed to calculate the necessary expenditure. All relevant statistics, but particularly the 2001 Census were examined to get the figure on the backlog in services within provinces and locality (i.e. informal settlements, tribal areas, etc.) and the modest unit costs were established.

Two scenarios were then put forward; one based on existing budgetary expenditure and another on calculating what expenditure would be needed to meet the announced target date.

The total cost (and the necessary expenditure

per annum) was then obtained through the model to get a figure of the necessary expenditure yearly to reach the targets.

On the basis of expenditure on the current levels of R1.18 billion per annum and a scaled down backlog figure below the RDP standard, the target in water provision would be reached in 2011/12, three years beyond the target date. To reach the target of 2008 would require an average expenditure of R3.20 billion per annum – more than double the existing budget.

In sanitation, expenditure on the current average of R1.18 billion would see delivery in 2020/21. An expenditure of R3.20 billion per annum is needed to reach the target, again more than the budget.

It is clear from this study that current budgeting (roughly based on previous years' spending plus inflation with some modifications) is inadequate, if the specified targets are to be met.

The current investment strategy is one of incremental growth in infrastructure on the basis of fairly modest investment in the extension of water services and of electricity to the unserved poor. Altogether 0.33% and 0.36% of total state expenditure in water and electricity, respectively, was allocated in 2003/04.

In addition to the extra funding required, the study reveals that the financial sustainability of such projects in rural communities can only be resolved with strengthened rural local government.

One of the problems is that the responsibility for service delivery has now shifted decisively to municipalities, which often lack funding and expertise to keep such projects going. In eastern KwaZulu-Natal, only 22% of the 23 water projects were sustainable and 56% were working either below standard or not at all.

To meet this challenge calls for an annual investment of R2.3 billion to extend electricity services and of R3.2 billion each for water and sanitation. These are considerable increases but they must be made if promises are to be met. •

Dr David Hemson is a Research Director in the Integrated Rural and Regional Development (IRR) Research Programme of the HSRC. For a copy of the full paper, e-mail media@hsrc.ac.za.

Rape only the tip of the iceberg in the **SEXUAL ABUSE** of young children

By Linda Richter



The rape of Baby Tshepang in September 2001 woke South Africans up to the horror of 'baby rape', as doctors gave the media graphic descriptions of the damage inflicted on the victim's tiny body. Five more babies were reported to be raped within two months of Tshepang's assault.

According to hospital statistics and reports from district surgeons, the rape of infants has occurred periodically for many years. One reason advanced for the possible increase in the rape of young children is the myth that having sex with a virgin is a cure for HIV/AIDS. Considerable debate surrounds this assertion, with little data to decisively settle the issue either way. There is historical and comparative evidence that virgin myths surface fairly often, and they are well

documented in legal cases in the late 19th century in England and Scotland with respect to syphilis, for example. Nonetheless, public awareness campaigns about HIV/AIDS need to ensure that this belief is soundly debunked.

News reports reveal that infant rape is not peculiar to South Africa, or to this continent. For instance, the *Natal Witness* on 17 August 2002 reported that an Australian man was sentenced in Perth to 18 years in prison for raping an eight-month-old baby in a park.

As appalling as such accounts are, they can blind us to the fact that rape is only one form of child sexual abuse. We think and speak about child sexual abuse as if it always followed the same pattern, was prompted by the same motivations and led to the same consequences.

Rather, there are several distinct kinds of



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sexual abuse perpetrated against prepubertal children. It varies by features of the event, the age and experience of the child, the duration of abuse, the circumstances under which the abuse takes place, and its effects on the child and the family. These fine distinctions in child sexual abuse reside in police files, in the notes of service organisations, in whispered disclosures between friends and family, and in the memories of children and perpetrators. Little of this knowledge currently informs theory, research or recommended practice in South Africa.

I am convinced that our lack of knowledge is, in part, defensive. A week after I became a staff member at the medical faculty of a large teaching hospital, I was asked to see a four-month-old infant, who had been raped, and to try to speak to her grandfather who was under suspicion as the perpetrator. I was overwhelmed at the thought that my own son was not much older than the child I was going to see. I turned back before reaching the ward and sat in my office for the afternoon, crying with anger and fear.

I believe many of us try to protect ourselves from knowing more than the broad outline of sexual acts performed on and with small children. In much of what I read about child

The most underreported forms of child sexual abuse are those that involve no actual sexual contact between the abuser and the child

because she fears that her partner may leave her if she intervenes.

Yet rape is only one of several acts of sexual abuse against children. Children may be drawn into seemingly voluntary sexual acts with adults through a combination of enticement and threat. Such children often find it difficult to escape from these relationships because they fear that they will be assumed responsible for what has occurred.

There is also the sexual abuse of children for financial gain. For instance, a school principal in one of the Child, Youth and Family Development's (CYFD) studies on the issue, reported that a Grade 6 child was being sent out by her father to prostitute. Such behaviour is a significant problem and is likely to increase if the high poverty levels in South Africa are not addressed. Children may themselves initiate sexual activities with

perpetrators may groom the child for other sexual acts later on.

Child pornography, including the use of children in so-called 'snuff movies' which may even involve filming the child being tortured and killed, has also received a great deal of attention in the media, usually with the focus on the severe penalties for perpetrators. Yet very little has been written about the fate of children who are abused in this manner, many of whom are trafficked amongst paedophile rings. International agencies co-operate to identify and rescue children from these conditions, but they cannot stem the proliferation of film material being circulated around the world on videotapes and through the Internet. One young girl who was rescued from a Canadian paedophile ring told me that she would never recover from the fact that she could, in minutes, be found on the Internet engaging in bestiality and other degrading acts. An editorial in *The Mercury* on 13 February 2003 claimed that 'South Africa is clearly in the grip of a near-psychotic wave of sexual and other violence against children (also against women) which runs counter to the values and traditions of every section of society. It points to a deep-seated social/psychological dysfunctionality

In this tiny community near Upington, South Africa, a nine-month-old baby was gang raped by six men between the ages of 24 and 66 years old. They were all friends of the family, relatives to some. Children are the most vulnerable in this traumatised community still trying to come to terms with the atrocity, fearing that the town they call home will always be known as that place where children are not safe. The raped baby's aunt, comforts Gertruida Rens (centre) as she recalls the events of that Friday night. Valencia, Rens' granddaughter looks on. It was in this room that the baby's grandmother brought the child the night she was assaulted. In the weak light of Ren's lounge the women discovered a bleeding gaping wound as they parted the infant's legs. (Photograph by Nadine Hutton/PictureNET Africa)

sexual abuse, I find only the outline, and often a stereotypical one, stripped of the complexity, the complicity of others, the repetition of the acts, the experience of the child and the perpetrator, and the words that describe, or silence, the acts.

The act of rape against babies or toddlers has received a great deal of media attention of late, generally because of the horrific physical damage that it causes young children, but also because it is so perplexing, especially given that perpetrators are seldom psychotic. The rapist is most often a relative, friend or near neighbour. In some cases, other adults may be complicit in the rape when they fail to act on suspicions. Other adults, including caregivers, may co-operate with the abuse. For instance, a mother may turn a blind eye to her partner raping her child

adults in the hope of receiving food, clothes or protection.

The most underreported forms of child sexual abuse are those that involve no actual sexual contact between the abuser and the child. Examples of this are showing children pornography, having children watch adults engaging in sexual activity, encouraging children to masturbate as an act of voyeurism, and sexual photography of children for personal or commercial use. In all such cases the child is used, either psychologically or physically, to host the fantasies and uncontrolled sexual expression of an adult. The harm caused to the child is psychological, emotional and social – areas that leave scars more difficult to treat than physical injuries. Non-contact abuse is also often a forerunner to other forms of abuse, by which

which requires urgent expert analysis.'

Public outrage at the sexual abuse of young children is not enough to stop these crimes. In fact, our horror can keep us from the detailed work that is needed to gain a systematic understanding of the problem, to work out and implement strategies to protect children from sexual abuse, and to support and treat abused children. The first step towards this is to see child sexual abuse for what it is, in all of its expressions. •

Professor Linda Richter is Executive Director of the Child, Youth and Family Development (CYFD) Research Programme of the HSRC and one of the editors of The Sexual Abuse of Young Children in southern Africa, a book that addresses more comprehensively many aspects of the subject, including baby rape. Details on how to order the book are available on the back cover. An article on the subject also appeared in the Child Abuse Review, Vol. 12, 2003.



Executive Director, Social Aspects of HIV/AIDS and Health (SAHA)

By Ina van der Linde

Call it an innovative spirit, or call it vision, but Dr Olive Shisana often finds herself in pioneering situations. And if one looks closely, it all stems from a deep-seated individual and collaborative struggle to defeat poverty and disease on a national, regional and even global scale.

This was the case in 2001 when she grasped the opportunity to establish SAHA at the HSRC with an initial Parliamentary grant of R4 million. Since then the programme has burgeoned into one of the largest and most authoritative interventions on social aspects of HIV/AIDS in South Africa, and even in Africa.

Most recently Shisana and colleagues facilitated the establishment of a dynamic initiative, the Social Aspects of HIV/AIDS Research Alliance (SAHARA) which held its second African conference in May in Cape Town. SAHARA is an alliance of organisations, NGOs and government institutions from various African countries. Members conduct, support and use research in their fight against the impact and proliferation of HIV/AIDS in sub-Saharan Africa.

Innovation and resolve are the trademark of Shisana's work. Of this, there are many examples. As Executive Director of Family and Community Health of the World Health Organisation (WHO) in Geneva, she placed HIV/AIDS on the main agenda of the organi-

sation and established, with the support of the WHO Director-General and her staff, an HIV/AIDS/STI initiative that drew on all departments of the WHO. She was also a founding member of the International Partnership Against AIDS in Africa in the United States in 1999.

After 17 years of exile, she and Professor Jakes Gerwel, the then Rector of the University of the Western Cape, established a Public Health Programme in 1991. This initiative prompted a shift from a strictly medical practitioner-orientated tertiary training system, to the establishment of many schools of public health in major academic institutions in South Africa.

Subsequently, as Professor in Community Health at Medunsa, she and colleagues from Medunsa and the University of Stellenbosch (US) established the first post-graduate diploma in the management of HIV/AIDS in the workplace. 'I recently attended the graduation at Stellenbosch and was gratified to see how the programme has taken root and has indeed helped to add colour to the university.'

In 1994, she led a team of nine provincial representatives to tackle the transformation of national and provincial health administrations. This led to the formation of a new post-apartheid National Health Department, nine provincial health administrations and the appointment of staff at a national level.

At a policy level, the Department ushered in the White Paper on health, which made way for the transformation of the entire apartheid-based health system. Shisana continued her transformative mission when she was subsequently appointed Director-General of Health.

Shisana's interest in HIV/AIDS started in 1986 during her exile years, when working as a health statistician at the District of Columbia Government. She became alert to the increasing number of patients dying of AIDS-related diseases. The disease started spreading faster among poor people. Since then HIV/AIDS has been the focus of her increasingly collaborative struggle.

Seeing the critical need for reliable data on HIV/AIDS, SAHA was created to meet this need and more. She took stock of the HIV/AIDS landscape in the region and set some goals to develop strong research programmes on the social and behavioural aspects of HIV/AIDS, public health, epidemiology and demography, and – in time – health economics.

In her three years at the HSRC, Shisana and her colleagues at SAHA have dedicated their time to develop research agenda to address the extent of the problem of HIV/AIDS, its determinants, prevention and care, AIDS impact on the health and education systems, and orphanhood.

To conduct this research, they have raised

about R130 million in research money to be spent over several years. But she regards ‘human capital’ as equally important: developing and mentoring young researchers is vital. In fact, the development of young professionals is part of what she considers her ‘style of leadership’. •

PROJECTS

SAHA has undertaken several significant projects. These include the *Nelson Mandela/HSRC Study of HIV/AIDS: South African National HIV Prevalence, Behavioural Risks and Mass Media Household Survey 2002*, a pioneering nationwide survey yielding invaluable primary data which introduced the population-based approach to measure HIV prevalence. The study was launched by former President Nelson Mandela and was funded by his foundation. This study will be repeated later this year.

Another key project focuses on strategies for the care of orphans and vulnerable children in Botswana, South Africa and Zimbabwe. The W.K. Kellogg Foundation funds this project, and it involves the implementation of intervention programmes to assist children, families and communities affected by HIV/AIDS in the three countries. Six reports have already emerged from this ongoing study. The project is now being extended to Lesotho, Mozambique and Swaziland.

Insight into the breadth and depth of SAHA’s work can be gained by examining, for example, their national survey on the impact of HIV/AIDS on the health sector. This study encompassed health personnel, ambulatory and hospitalised patients, spanning 222 health facilities in the public and private sectors across the country. This study was completed in 2003. On the horizon is a similar project on the impact of HIV/AIDS on the education sector – which will be completed in 2005.

GENDER ACTIVISM

Shisana is passionate about gender equality as an essential element for changing quality of life, but stresses that gender activism must happen within the family and community structures. And it should not disempower men. She said the ideal is reaching a level of equality where, for example, a couple can both say ‘Let’s use a condom, let us each contribute to family income and let’s share responsibility for raising our children.’

But for this to happen, women in powerful positions must push the women’s agenda – especially concerning HIV/AIDS. Shisana tackles this issue directly, insisting that ‘Most women leaders who hold positions of power have not been in the forefront of protecting other women from getting infected; despite abundance of evidence that women have much higher HIV infection rates than men, and that the mortality of women is increasing. Most women leaders in power have not fought hard for access to treatment. They have not insisted on such drugs to prolong the lives of the infected women, who often die and leave orphans. They have not ensured that the children of those who die of AIDS will receive the inheritance.’



From left: Mr Nelson Mandela, Dr Mark Orkin, CEO of the HSRC, Dr Olive Shisana, Executive Director (HSRC), Dr Kevin Kelly, Research Director, Centre for AIDS Development, Research and Evaluation (CADRE)

ON A PERSONAL NOTE

Shisana is reluctant to talk about herself: her story is the story of the struggle. However, here are some glimpses of the influences that shaped her life.

One such influence is the apartheid policy of forced removals. ‘In 1967 we were forcefully moved from our community of Roodewal, a land located near the Great North Road (leading north from Polokwane). We lived near a river, and were surrounded by mountains. We grew up farming peanuts, maize and beans. This lovely rural life was suddenly rudely interrupted when the then government decided that the rich fertile ground was not for us and sent big trucks to move us to a new location that was dry, flat and far from the main road. We felt like we were removed from the eyes of travellers; isolated in such places made us feel insignificant and generated a lot of anger. Some of us turned that anger into positive energy to change the apartheid system. I’m glad that the new government is giving us our land back.’

Today she has come the full circle: Shisana has built a temporary house there with the hope that she can contribute to development. She has farmed sunflower seeds in a place with the melodious name of Makotopong, near Polokwane.

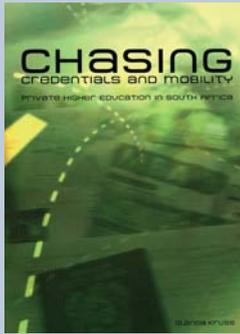
She also learnt an enormous amount from living and working in the United States. ‘The many years in exile were spent studying and working and also serving the ANC, which presented the opportunity to closely interact with people in the US Congress and Senate, and among other things, influencing policy towards South Africa. My husband, William, and I worked closely with key anti-apartheid activists, who also taught me effective ways of organising.’

Shisana is a daughter of Africa and a hero in the HIV/AIDS struggle. Yet, she regards her journey as simply one shared by many comrades. In fact, she attributes much of her drive to her exile years, remarking that they shaped her character: ‘I became resilient, determined and passionate to get our freedom so that I can make my own contribution to the improvement of the lives of our people.’

The Shisana couple have two children – a daughter of 25, who lives in the United States, and a son of 19, who is studying at the University of South Africa.

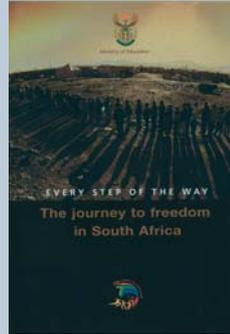
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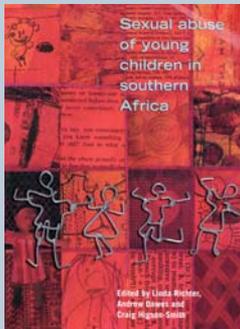
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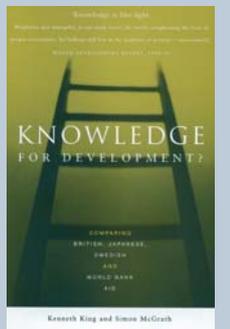
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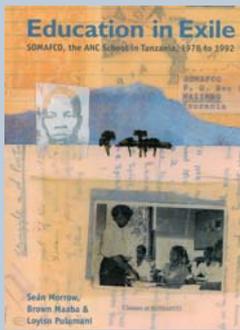
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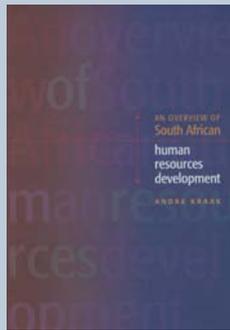
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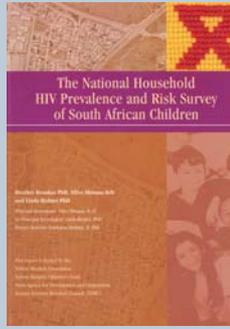
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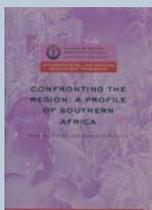


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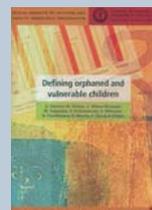
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